

Responses from Community Inclusion Survey about Training and Exercise Needs

Question: What kind of community-wide hazards or disaster situations concern you the most?

1. Severe Weather (Thunderstorms, Tornadoes, Blizzard) (95.24%)
2. Any event that causes a need to evacuate (76.19%)
3. Fire & Extreme Cold (71.43% each)
4. Power Outage & Extreme Heat (66.67% each)

“Other” category responses:

- Acute/chronic homelessness
- Unresolved historic traumas that get retriggered by contemporary disasters
- Accessibility of alerts, transportation, shelter and recovery support for all emergencies
- Lack of individual preparedness
- Lack of notification, alerts, and updates – because of accessibility, and because individuals don’t prepare.
- Mindset that they don’t need to be prepared.
- Police Brutality
- Violence against people experience poverty
- Inability to evacuate
- Power dependent equipment

Question: What factors during disasters affect how well you can ...

1. Communicate and receive information?
 - Trust (2)
 - i. Use of word-of-mouth communication by community – requires that leaders/elders be engaged by government entities to share information that community members will trust. (American Indian/Alaskan Native communities)
 - Contact information
 - People not signing up for alerts
 - Lack of knowledge
 - Language (2)
 - Culture
 - Access
 - i. to cellular service (3, AI/AN)
 - ii. to telephone
 - iii. to computer
 - iv. to news
 - v. to internet
 - vi. to power
 - vii. to rural location
 - Aging and disability sensitive factors

- i. Whether agencies provide effective communication to people with different disabilities
 - 1. Hearing loss
 - 2. Vision loss
 - 3. Cognitive impairment
 - 4. Communication impairment
 - 5. Warnings available in different formats (print)
 - ii. Are staff trained to work with people with disabilities
 - iii. Identification of where vulnerable older adults live in the community and communication that is sensitive to their needs reaching them.
- 2. Maintain health
 - Transportation (3)
 - i. Maintaining public transportation for community member mobility to health care resources (AI/AN)
 - ii. Transportation for home care workers
 - Access to
 - i. Water
 - ii. Food
 - iii. Service locations and personnel (3)
 - iv. Prescriptions (2)
 - v. Medical equipment and supplies
 - vi. Cell phone service
 - vii. Physical activity programs
 - Maintaining power (2)
 - Health equipment that can be kept functional
 - Services/notifications in appropriate language
 - Culturally sensitive health care
 - i. Aging and disability sensitive factors
 - Health authorities available and flexible to the situation
 - Safe environment
 - Not being prepared to evacuate or shelter in place
 - Ability to keep paying attendant care
 - Healthy diet
- 3. Maintain independence / livelihood
 - Access to finances
 - i. Organizational solvency to keep paying salary
 - Insurance
 - i. Having it means they may not have reserve funding to “float” expenses while insurance claims are made
 - ii. Not having it
 - Culture (affects health seeking choices) (2)
 - i. Seeking governmental assistance – some communities prefer to remain autonomous.
 - Language
 - Public Transit maintenance (3)
 - Mobility impairment (2)
 - i. Pathways that are wheelchair accessible in community and in facilities.

- Access
 - i. To Telephone
 - ii. To Computer
 - iii. To key contact person for some older population housing areas
 - iv. Support system
 - v. Access to services
- Aging and disability sensitive factors
 - i. Resources to help people age in place
- Personal preparedness (2)
- Fall prevention
- Disease Management
- 4. Access important support or services
 - Power
 - Language
 - Culture
 - Transportation (3)
 - Infrastructure
 - Aging and Disability Sensitive factors
 - Medicaid
 - Contact Information
 - Access
 - i. Internet
 - ii. Phone (2)
 - 1. Cell phone
 - iii. during the floods, a high number of people were cut off from support services
 - Supply chain maintenance
 - Solutions to isolation caused by weather, hazard
 - Ability of helpers to get around
 - Availability of needed services
- 5. Move around
 - Clear paths (2)
 - Electricity
 - Public transit (2)
 - Ability to drive/bike
 - Infrastructure
 - Language
 - Culture
 - Mobility and cognition sensitive factors, accessible transportation (3)
 - Help with transportation
 - Alternate routes, solutions to isolation caused by hazard (2)
 - Physical activity

Question: What do you think are the top three issues to improve for inclusive emergency preparedness?

- Funding
 - Funding to involve the disability community in preparedness so professional first responders have experience with people with disabilities prior to a disaster (2)
- Planning without input (“it can’t be about us, without us!”) - Invite key people with AFN (not just their case workers speaking on their behalf) to all levels of planning (TEPWs) (4)
- Having emergency preparedness leaders and staff be representative of the larger community
- Involvement in health care coalitions
- Helping people with disabilities understand their responsibilities and have plans (multiple back ups)
- Education and awareness (3)
 - Community preparedness
 - Training
 - Understanding
 - People with AFN tend to have a false sense of security
- Accessible communication (3)
 - Clear, concise communication strategies
 - Language access – overcoming language barriers for Coloradans who are non-English speaking (2)
- Collaboration (2)
 - Strategic inclusion of small and large businesses in community preparedness
- Safety net for the most vulnerable of citizens
- Intensive case management capacity for recovery – some individuals will be very hard to re-house and recovery will take a lot of time and effort
 - Legal assistance to help people with post disaster issues including ID recovery, assistance with benefits, etc.
- Maintaining health (2)
- Access
 - Access important support or services
 - Access to transportation
 - Access to affordable, accessible housing
 - Power access
- Plans written down
- Locating diverse groups
- Resources for housing, etc. when housing is damaged
- Independence/livelihood
- Breaking it down to manageable tasks
- Moving around
- Transportation

Question: How familiar are state and local emergency systems, emergency partners, and emergency practices to ...

- You – 3.32 out of 10 (average)
- Others in your Community - 2.32 out of 10 (average)
- Your Organization – 2.72 out of 10 (average)
- Your Clients – 1.82 out of 10 (average)

Question: How much emergency planning do you think has been done by ...

- You – 2.94 out of 10 (average)
- Others in your Community - 2.06 out of 10 (average)
- Your Organization – 2.74 out of 10 (average)
- Your Clients – 1.53 out of 10 (average)

Question: What knowledge or expertise or training do you have that might be helpful during emergencies, especially about your communities, your organization, or your clients?

- Training on engaging American Indian/Alaskan Native community members and help interrupting behavior in context to trauma response of AI/AN families
- Americans' with Disabilities Act Requirements/ Best Practices (2)
- Effective Communication for People with Disabilities (not just blind and Deaf but include psychiatric and cognitive disabilities) (2).
- Programming for people with disabilities
- Problem solving
- How to incorporate legally required processes to modify policy, practice and procedures into workflow and existing processes
- Information on the many types of licensed and/or certified health facilities in Colorado, the types of clients/patients/residents they serve and associated EPR regulatory requirements.
- Disability awareness and etiquette, linking with volunteers with disabilities who can help increase cultural competency of emergency responders (2)
- New shelter access video and kits for shelters/Red Cross to help make shelters accessible.
- Overview of established networks
- Working effectively with interpreters
- CPR, First Aid trainings
- I am well networked with individual communities and have thorough understanding of disabilities
- Information on the special needs of the elderly and at-risk adults (2)
- I am a trainer for "Planning for Disaster-Risk Factors Related to Access and Functional Needs." I do presentations of FNSS and Shelter Compliance. We do preparedness workshops for people with Access and Functional Needs
- I was an intern at JeffCo Public Health. We worked on Emergency kits as well as used focus groups around the state to better understand what constituents wanted as far as planning for emergencies.
- Disability awareness training
- Including people with disabilities in the Emergency Preparedness process
- How to help a person with a disability prepare for an emergency
- Contact information for the people we serve

Question: What kind of training for emergencies would you like to receive?

- Agency policies that support public health best practices in times of emergencies

- Training from health facilities/communities that have experienced emergencies
- Training to introduce systems, organizations, how they all work together, lines of communication and responsibility. Who to call for what and when?
- Refresher courses on CPR/First Aid
- More Information on what plans are already in place
- Inclusive, whole community workshops
- Meeting with others who communicate emergency information
- Communication strategies
- How to include persons with a disability in an evacuation
- General emergency training
- Chain of command – our network is not a first responder. Many of our programs depend on volunteers who are often older adults themselves.

Question: What skills or processes do you think are important to practice with other emergency partners during Colorado emergency exercises?

- Working across county jurisdictions, specific in Denver Metro or mountain communities
- Communication
- Evacuating/relocating persons with dementia
- Alerts, transportation and making sure shelters are accessible. Having the shelter folks practice working with loops, accessible cots, etc.
- Who is responsible, how are services organized, and how do we all work together
- Communication protocol, locations of shelters, etc.
- Evacuations using real individuals with disabilities / moving those people who are not easily moved (2)
- Include the whole community in planning process
- Mobilization of resources
- Organization
- Communication
- Working together
- Inclusion of persons with all types of disabilities
- Know the resources that are available and who the leads are for different emergencies.

Question: Should local organizations use registries to keep track of or contact people with access and functional needs. Why?

Yes – 50%

No – 50%

- Keeping registries current will require extensive resources
- First of all, no one knows what Access and Functional Needs means – if it is disability, say that – if disabilities and elders, say that. Second of all, this would always need to be voluntary not mandatory. So even if you did have a registry, there would still need to be systems that were 100% accessible to catch all the people not on the registry. Given that, whether to do a voluntary registry depends on resources available and if the locality thinks this is a good use of resources.
- Ability to share these registries during emergencies would be beneficial; maintaining a current/comprehensive registry would be key; education for persons on registries is

crucial, no room for assumptions or confusion by people on the registry about the types/level of assistance they would receive. Training should be provided on how to create/maintain a registry.

- It creates a false sense of security that once registered people may believe they will automatically be rescued. Having that information on the internet in a database could compromise their privacy and make them vulnerable to crooks and other people with bad intent.
- Would help with the organizational overviews and make things more systematic
- To gain knowledge of current situation
- It is not effective.

Question: What other resources aside from trainings and exercises would be useful to you?

- Using the power of CDPHE to change policies (e.g. require Medicaid to cover medications in disaster or require DOLA to waive rent due for residents in assisted housing, etc.)
- Visiting/observing the SEOC during activation or a drill
- Family or individual emergency kits
- Regular meetings – networking, partnership, resource sharing
- To be invited to the conversation and to planning processes
- Meeting others who work with the elderly population
- Meeting others who are involved with emergency preparedness, especially concerning elderly and disabled populations
- Funds to pay people to participate in local planning committees
- Gaining an understanding of other resources available during emergencies and how to access those resources.